BEST AVAILABLE COPY

l	MULTIPLE DEPENDENT CLAIM								SERIAL NO. / C/OC FILING DATE						
FEE CALCYIX ATION SHEET								10/549905				. IONG DATE			
<u> </u>		(FOR U	SE\H	FORM	PTO-875)		APPLICA	NT(s,	 		<u> </u>	-		
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TOTAL			165	25 SERVICE	in.		<u> </u>	TAL DEP		4		حا	•	<u> </u>	
CLAIMS	//							LAIMS							
PTO - 1360	(REV. 11/04)								U. Pr	a DEFARTI	MENT of CON demark Office	IMERCE		_	
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